



Government of the District of Columbia
Department of Health
Board of Pharmacy

PHARMACY PRECEPTOR FORM FOR PHARMACY INTERNS ONLY

Not for licensed pharmacists

Please print or type all the information requested except signatures. The intern should complete Section A only, and then provide the form to the preceptor for completion of the rest of the form. The form should then be returned separately from the application by the preceptor to the address provided.

SECTION A

Intern Name: _____
Last Name First Name MI

Intern Address: _____
Line 1

Line 2

City State Zip Code

Telephone #: () _____ **Social Security Number:** _____ - _____ - _____

SECTION B – Note: Any change in preceptor must be immediately reported to the board in writing.

Preceptor Name: _____
Last Name First Name MI

Preceptor Address: _____
Line 1

Line 2

City State Zip Code

Preceptor Telephone Number: () _____ - _____

Location of the Internship: (Pharmacy) _____

Description of the Intern's Duties: _____



Government of the District of Columbia
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PHARMACY PRECEPTOR FORM

Intern Name: _____

Description of Supervision by the Preceptor: _____

Preceptor, District of Columbia License Information:

License Number: _____

Expiration Date: _____

Starting Date Internship: _____

Date Supervision will end: _____

Oath of Preceptor

"I submit that I shall answer all questions concerning the training of a Pharmacy Intern under my supervision truthfully to the best of my knowledge and belief and that the training I provide will be predominantly related to the practice of Pharmacy as required by law."

NOTE: Any change in preceptor must be immediately reported to the board in writing.

Preceptor's Signature: _____ **Date** _____

Subscribed and sworn to before me at _____, this day of _____, 20____.

My commission expires on _____

(SEAL)

When completed and notarized, please return this document to the following address:

Make check or money order payable to:

Promissor and mail to:

Department of Health
Health Professional Licensing Administration
Board of Pharmacy
899 North Capitol Street, NE
Washington, DC 20002



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Department of Health
Board of Pharmacy

PHARMACY INTERN FORM

The Board will give credit if the preceptor agrees the Pharmacy Intern has performed 70% of the pharmacy tasks listed. The preceptor has to certify that 70% of the intern's time was spent performing the duties.

(a) Seventy percent (70%) of the work has spent performing the following

Pharmacy Tasks:

- (1) Filling prescriptions _____
- (2) Compounding drugs _____
- (3) Evaluating prescriptions _____
- (4) Handling controlled substances _____
- (5) Handling toxic drugs and substances _____
- (6) Substituting generic drugs for brand name drugs _____
- (7) Storing and packaging drugs _____
- (8) Instructing patients _____
- (9) Maintaining prescription records; and _____
- (10) Handling veterinarian products _____

(b) A student who is enrolled in a school of pharmacy may be given credit only for hours of work performed during school breaks or vacations;

(c) Work performed in the following areas is subject to a maximum of five hundred (500) hours of credit:

- (1) Work-study in industry or government;**
- (2) Research; and**
- (3) Community service projects;**

(d) Credit shall not be given for more than forty (40) hours of pre-licensure professional practice hours per week; and

(e) Credit for pre-licensure professional practice performed in the District of Columbia shall not accrue until the Board has registered the intern in accordance with the procedures set forth in §6512.

Note: Any change in preceptor must be immediately reported to the board in writing.

An intern may only have one Preceptor and is required to complete 1500 hours.